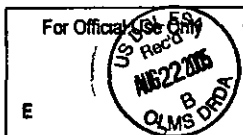


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U 10554 | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name Tamar Schnepf P O Box Bldg Room No if any Street 318 45th Street City Oakland State California ZIP Code + 4 94609-2226 | 4 Name file number and address of labor organization Name California State Council of SEIU Labor Organization File Number 016-658 P O Box Building and Room Number if any 4th Floor Street 1007 7th Street City Sacramento State California ZIP Code + 4 95814-3407 |
| 5 Position in labor organization Political Field Coordinator | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

7 a Nature of interest Transaction or Income

7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

On 8/13/2005

Date

510 568 2500 ext 118

Telephone Number

| | |
|-------------------------------------|---------------|
| Name of Person Filing Tamar Schnepf | File Number U |
|-------------------------------------|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|---|--|
| <p>8 Name and address of Business (including trade name if any)</p> <p>Name New Union Work Systems</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 848 Madison Street</p> <p>City Albany</p> <p>State California ZIP Code + 4 94706</p> | <p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11 a Nature of such dealing</p> <p>New Union Work Systems is a company that provides some consulting services providing data base support and the like to the CA State Council of SEIU The total amount billed for 2004 is disclosed below</p> <p>11 b Approximate dollar value of such dealing \$23 852</p> <p>12 a Nature of interest held or income received</p> <p>My husband Matthew Burry is a joint partner in New Union Work Systems To the degree that these dealings were profitable some portion became part of my husbands salary and distribution and therefore his contribution to our household</p> <p>12 b Amount \$3 500</p> |

| | |
|--|--------------------------------|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14 a Nature of payment.</p> |
| <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b Amount of payment</p> |